

# MFP

## What is Money Follows the Person?

The IDoA Money Follows the Person initiative is part of a statewide, multi-department demonstration program. Your participation is voluntary.

This program is for individuals who:

- have resided in qualified institutions in the state for a minimum of 90 days (excluding any days paid by Medicare),
- have received Medicaid benefits for a minimum of one day, and
- are 60 years of age or older.

## The goals of Money Follows the Person are to:

- increase the use of home- and community-based long-term care services,
- eliminate barriers that prevent or restrict flexible use of Medicaid funds for necessary long-term care services in the settings reflecting individual choice,
- increase the ability to assure continued community-based long-term care services to eligible individuals after transition, and
- ensure that quality assurance and improvement continuously occurs for community-based long-term care services.

## How do I start the process?

You can begin by contacting your local care coordinator or transition coordinator at: \_\_\_\_\_

Also, to reach the Care Coordination Unit in your area who will assist persons living in a nursing home to transition to community residency, contact the **Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY)**

**State of Illinois  
Department on Aging**  
One Natural Resources Way, Suite 100  
Springfield, Illinois 62702-1271  
[www.state.il.us/aging](http://www.state.il.us/aging)

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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State of Illinois  
Illinois Department on Aging

## Choosing to live in the community may be an option for you



**Knowledgeable and trained staff are available to assist your move**

**Illinois Department  
on Aging**



The **Money Follows the Person** initiative helps older adults move out of the nursing home and back into their communities.

## How does it work?

Care Coordination Units representing the Illinois Department on Aging will work with you to determine if you might benefit from this demonstration program.

The process of moving from the nursing home to the community starts with a visit to you in the nursing home. Transition coordinators or care coordinators will ask questions and verify eligibility.

You will have the opportunity to develop a plan and choose services that best meet your needs. Transition coordinators or care coordinators will discuss with you services funded by the state and federal government which could be provided on your behalf to help you move out of the nursing home and enable you to successfully live in the community. It is important that you have choice and that your health and welfare is always considered.

Transition coordinators or care coordinators will help you search for a place to live and develop a plan for living within your income. These are often the most challenging barriers to living in the community and may negatively impact a person's ability to move into the community.



## Moving to the community

Your services will be available to you as long as you are able to successfully live in the community and continue to meet eligibility requirements. Transition coordinators or care coordinators will do their best to ensure your success.

## Moving to the community may not work for everyone

Some of your needs may include a service that is not funded by the government. We will assist participants to assess their finances, and help to determine what you can afford. In addition, living in the community requires you to identify persons who could help you be successful. We will help you identify these supports.

## Your plan of services must assure your health and welfare

A physician and/or other health professionals including state agency staff and consultants will help confirm that your services will meet your needs.

## What services will be available once I am in the community?

Your care plan and the services package available to you will depend on assessment criteria as identified by the care coordinator or transition coordinator.

Most of the services will fall under what are called home- and community-based waiver or state plan services. These programs are paid for by state and federal dollars and are available to people who demonstrate a financial and medical need for Medicaid.

Other programs and services may be available to you based on where you choose to live and if you choose to live with other persons in the community.

The choice to begin the process of moving to the community starts with you!